



**Department of Purchasing**  
**Donald R. Riley, CPPB, Procurement Specialist**

<b>REQUEST FOR QUOTE NUMBER:</b>		17RFQ012317-DRR
<b>WILL BE RECEIVED UNTIL</b>	February 16, 2017	3:00 p.m. EST
<b>DESCRIPTION:</b> Mechanic Tools, Accessories & Services		There will be NO site visit for this quote.
<b>EMAIL RESPONSES to:</b> <a href="mailto:DRiley@cityofstockbridge-ga.gov">DRiley@cityofstockbridge-ga.gov</a>		
<b>Mail to:</b> Donald R. Riley, CPPB, Purchasing Specialist City of Stockbridge – Purchasing Department 4640 N. Henry Boulevard Stockbridge, Georgia 30281		
<b>ANY QUESTIONS REGARDING PURCHASING PROCEDURES OR THE SPECIFICATIONS SHOULD BE ADDRESSED ONLY TO THE PURCHASING SPECIALIST LISTED BELOW. RESPONDENTS MAY NOT HAVE CONTACT WITH CITY OFFICERS, ELECTED OFFICIALS OR CITY EMPLOYEES REGARDING THIS BID PRIOR TO AWARD OF PURCHASE ORDER. VIOLATION OF THIS INSTRUCTION WILL RESULT IN YOUR BID BEING FOUND NON-RESPONSIVE. LAST DAY FOR QUESTIONS February 10, 2017 @ 3:00 P.M. EST.</b>		
<b>CONTACT NAME:</b> Donald R. Riley, CPPB	<b>E-Mail Address :</b> DRiley@CityofStockbridge-ga.gov	<b>Telephone Number:</b> (770) 389-7912 (fax only)
<b>All information requested on this sheet must be completed. The signature block and related information on each quote sheet must also be completed. Unless specifications indicate "NO SUBSTITUTE", items determined by City of Stockbridge to be "EQUAL OR BETTER" will be given full consideration. All prices QUOTED must be "FOB DELIVERED" unless otherwise requested, and must be submitted in the format requested. The City reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the City.</b>		
<b>Company Name:</b>		
<b>Company Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-Mail Address:</b>
<b>RESPONSES MUST BE DELIVERED/EMAILED TO THE PURCHASING OFFICE BY THE DATE INDICATED.</b>		
<b>Person submitting QUOTE: (Please Print)</b>		<b>Date</b>
<b>Title</b>		
<b>*Signature of the person submitting QUOTE:</b>		
<small>*This person has binding authority to sign contracts on behalf of the responding company. By signing this form and all attachments, vendor agrees that their quote is an offer to sell. All bidders shall comply with all City of Stockbridge purchasing laws, policies, and procedures, as well as relevant state and federal laws— including compliance with EEOC hiring guidelines and requirements under the Americans with Disabilities Act.</small>		

**NO BID:** ☐

**REASON:** \_\_\_\_\_



# Department of Purchasing

Donald R. Riley, CPPB, Procurement Specialist

## REQUEST FOR E-QUOTE SPECIFICATIONS MECHANIC'S TOOLS, ACCESSORIES AND SERVICES GENERAL SERVICES DEPARTMENT

### 1. DESCRIPTION

The City of Stockbridge Finance Department Purchasing Division is soliciting quotes from all qualified Contractors to provide all necessary tools accessories, material, equipment and services to provide mechanic's tools to the General Services Department.

### 2. CONTACT PERSON

Please contact Donald R. Riley, CPPB, Purchasing Specialist, by e-mail at [DRiley@cityofstockbridge-ga.gov](mailto:DRiley@cityofstockbridge-ga.gov) or fax me at (770) 389-7912 only, with any procedural or technical questions. All questions should be submitted in writing to the Purchasing contact person via email only. No phone calls will be accepted. Any responses made by the City will be provided in writing to all respondents by addendum. No verbal responses shall be authoritative.

### PRE-BID CONFERENCE (N/A)

### 3. TERM OF AGREEMENT

This procurement is for this calendar year (2017) ending on December 31, 2017.

### 4. PRODUCT/SERVICE SPECIFICATIONS

Mechanic's Tools, Accessories, Materials and Equipment

Location: 351 Taylor Drive Stockbridge, Georgia 30281

**All tools are delivered F.O.B. destination to the location above.**

The City of Stockbridge Finance Department – Purchasing Division is soliciting quotes from all qualified Contractors to provide all necessary tools accessories, material, equipment and services to provide mechanic's tools to the General Services Department.

The awarded Contractor must assume full responsibility for the coordination, removal, and supply of each type of wrench, socket, pliers, accessory and all related materials under this quote document. The successful Contractor shall be held responsible for verification that all tools and related materials are compatible.

The successful Contractor must provide the following services:

- 4.1. 3/8DR, 80T STD HND RAT;
- 4.2. 3/8DR, 12 PC 6PT DP SKTSET;
- 4.3. 3/8DR 12 PC 6PT SHL SKTSET;
- 4.4. 1/4DR 12PC 6PT DP SKTSET;
- 4.5. 1/4DR 12PC 6PT SHL SKTSET;
- 4.6. 1/4DR 12PC 6PT DP SKTSET;
- 4.7. 3/8DR 12PC 6PT SHL SKTSET;
- 4.8. 3/8DR 14PC 6PT DP IMP SKTSET;
- 4.9. 3/8" IMPACT WRENCH;
- 4.10. 1/2IN AIR IMPACT WRENCH;
- 4.11. 3/8 AIR RATCHET;
- 4.12. 8 PC COMBO INS S/GR RED SD SET;
- 4.13. 3PC PLIERS SET;
- 4.14. 1/2DR 80T STD HND RAT;
- 4.15. 1/2 DR 80T LNG HDL RAT;
- 4.16. 3/8DR 80T LNG HDL RAT;
- 4.17. BPEEN 32OZ. HKRY HM;
- 4.18. 1/4DR KNR EXT SET (1-1/4 – 11 IN.);
- 4.19. 6PC 3/8DR FRIC BLL EXT SET;
- 4.20. 5PC 1/2DR EXT SET (2IN – 11 IN);
- 4.21. 1/2DR 15PC 6PT DP IMP SKTSET;
- 4.22. 3/8IN DR 12PC SWIV IMP SKT SET;
- 4.23. 6PC COM DR ADP SET;
- 4.24. 1/4IN DR AIR RATCHET;
- 4.25. 1/4"DRIVE FLEOCKET SET;
- 4.26. 4PC STRIKING PRYBAR SET BLACK;
- 4.27. 36" STRIKING PRYBAR SET BLACK;
- 4.28. 1/4DR 72T SLD HEAD LNG HDL RAT;
- 4.29. 10PC F/DR+ STD MET COMWRSET; and
- 4.30. WRENCH SET.

## 5. PRICING SHEETS

LINE	DESCRIPTION	BRAND NAME	QUANTITY	TOTAL PRICE
1	3/8DR, 80T STD HND RAT		1EA	\$ _____
2	3/8DR, 12 PC 6PT DP SKTSET		1EA	\$ _____
3	3/8DR 12 PC 6PT SHL SKTSET		1EA	\$ _____
4	1/4DR 12PC 6PT DP SKTSET		1EA	\$ _____
5	1/4DR 12PC 6PT SHL SKTSET		1EA	\$ _____
6	1/4DR 12PC 6PT DP SKTSET		1EA	\$ _____
7	3/8DR 12PC 6PT SHL SKTSET		1EA	\$ _____
8	3/8DR 14PC 6PT DP IMP SKTSET		1EA	\$ _____
9	3/8" IMPACT WRENCH		1EA	\$ _____
10	1/2IN AIR IMPACT WRENCH		1EA	\$ _____
11	3/8 AIR RATCHET		1EA	\$ _____
12	8 PC COMBO INS S/GR RED SD SET		1EA	\$ _____
13	3PC PLIERS SET		1EA	\$ _____
14	1/2DR 80T STD HND RAT		1EA	\$ _____
15	1/2 DR 80T LNG HDL RAT		1EA	\$ _____
16	3/8DR 80T LNG HDL RAT		1EA	\$ _____
17	BPEEN 32OZ. HKRY HM		1EA	\$ _____
18	1/4DR KNR EXT SET (1-1/4 – 11 IN.)		1EA	\$ _____
19	6PC 3/8DR FRIC BLL EXT SET		1EA	\$ _____
20	5PC 1/2DR EXT SET (2IN – 11 IN)		1EA	\$ _____
21	1/2DR 15PC 6PT DP IMP SKTSET		1EA	\$ _____
22	3/8IN DR 12PC SWIV IMP SKT SET		1EA	\$ _____
23	6PC COM DR ADP SET		1EA	\$ _____
24	1/4IN DR AIR RATCHET		1EA	\$ _____
25	1/4"DRIVE FLEOCKET SET		1EA	\$ _____
26	4PC STRIKING PRYBAR SET BLACK		1EA	\$ _____
27	36" STRIKING PRYBAR SET BLACK		1EA	\$ _____
28	1/4DR 72T SLD HEAD LNG HDL RAT		1EA	\$ _____
29	10PC F/DR+ STD MET COMWRSET		1EA	\$ _____
30	WRENCH SET		1EA	\$ _____
31	Replacement Tools Services		11 MO.	\$ _____
32	Total Cost of All items (including Items #1 - 31) includes shipping/Freight			\$ _____

## 6. INSURANCE & RISK MANAGEMENT PROVISIONS

### INSURANCE & RISK MANAGEMENT PROVISIONS

- 6.1.1. **INSURANCE REQUIREMENTS:** Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia and acceptable to the City of Stockbridge. Insurance coverage must be current from time of award through the period of final acceptance from City of Stockbridge. The following requirements shall apply.
- 6.1.2. Policies and/or certificates certifying policies are to contain an agreement that the policies will not be changed and/or canceled without a ten (10) day prior notice to City of Stockbridge, as evidenced by return receipts of registered or certified letters.
- 6.1.3. Each respondent shall submit with the quote, evidence of insurability satisfactory to the City as to form and content. Either of the following forms of evidence are acceptable:
- 6.1.4. A letter from an insurance company stating that upon your firm/company being the successful bidder/respondent that a Certificate of Insurance shall be issued in compliance with the Insurance Requirements outlined below.
- 6.1.5. A Certificate of Insurance complying with the Insurance Requirements outlined below.
- 6.1.6. Upon award, the Contractor must maintain, at their expense, insurance in at least the following amounts and types outlined below. Any and all Insurance and Bonds required by this contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of the City.
- 6.1.7. The Contractor shall insure that the Request for Bid/Proposal number and Project Description appear on the Certificate of Insurance.
- 6.1.8. The Certificate of Insurance shall identify the Certificate Holder as:

City of Stockbridge – Finance Department  
Attn: Purchasing Specialist  
4640 North Henry Boulevard  
Stockbridge, GA 30281

### 6.2. WORKERS COMPENSATION – STATUTORY (In compliance with the Georgia Workers Compensation Act)

EMPLOYER'S LIABILITY	BY ACCIDENT - EACH ACCIDENT	-	\$500,000.
INSURANCE	BY DISEASE - POLICY LIMIT	-	\$500,000
(Aggregate)	BY DISEASE - EACH EMPLOYEE	-	\$500,000

### 6.3. COMMERCIAL GENERAL LIABILITY INSURANCE (Including contractual Liability Insurance)

Bodily Injury and Property Damage Liability	Each Occurrence	-	\$1,000,000
(Other than Products/Completed Operations)	General Aggregate	-	\$2,000,000

**\*\*To include Designated Per Project/Location Endorsement #CG2503/CG2504\*\***

Products\Completed Operation	Aggregate Limit	-	\$1,000,000
Personal and Advertising Injury	Limits	-	\$1,000,000
Fire Damage	Limits	-	\$ 100,000

### 6.4. BUSINESS AUTOMOBILE LIABILITY INSURANCE

<b>Combined Single Limits</b>	Each Occurrence	-	\$1,000,000
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(Including operation of non-owned, owned, and hired automobiles).

6.5. **UMBRELLA LIABILITY**

(In excess of above noted coverage's)      Each Occurrence      -      \$2,000,000

6.6. **FIDELITY BOND and CRIME**

(Employee Dishonesty)      Each Occurrence      -      \$ 100,000

**Insurance in no way Limits the Liability of the Respondent.**

**INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

The successful contractor will agree to indemnify, save harmless and defend the City, its agents, servants, and employees from all lawsuits, claims, demands, liabilities, losses and expenses for or on account of any injury or loss in connection with the work performed under this contractor: Provided, however the contractor shall not be liable for any damages resulting from the sole negligent or intentional acts or omission of the City and its employees, agents or representatives.

**THE RESPONDENT ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREES TO COMPLY WITH THE ABOVE STATEMENTS, AND IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING COMPANY.**

**COMPANY:**\_\_\_\_\_ **SIGNATURE:**\_\_\_\_\_

**NAME:**\_\_\_\_\_ **TITLE:**\_\_\_\_\_ **DATE:**\_\_\_\_\_

## 7. STATE OF GEORGIA

### CITY OF STOCKBRIDGE

#### GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Stockbridge and has registered with, is authorized to use, and uses, the federal work authorization program commonly known as EVerify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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Federal Work Authorization User Identification Number

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Date of Authorization

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Name of Contractor

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Name of Project

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Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_\_, \_\_, 2017 in Stockbridge, Georgia.

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Signature of Authorized Officer or Agent

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Printed Name and Title of Authorized Officer or Agent  
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY of \_\_\_\_\_,  
2017.

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My Commission Expires: \_\_\_\_\_  
NOTARY PUBLIC